

109TH CONGRESS
2D SESSION

H. R. 4736

To amend the Foreign Assistance Act of 1961 to authorize assistance to provide contraceptives in developing countries in order to prevent unintended pregnancies, abortions, and the transmission of sexually transmitted infections, including HIV/AIDS.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 8, 2006

Mr. SIMMONS (for himself, Mr. MOORE of Kansas, Mrs. BIGGERT, Mr. KIRK, Mr. OBERSTAR, Mr. RYAN of Ohio, Mr. MICHAUD, and Mr. SNYDER) introduced the following bill; which was referred to the Committee on International Relations

A BILL

To amend the Foreign Assistance Act of 1961 to authorize assistance to provide contraceptives in developing countries in order to prevent unintended pregnancies, abortions, and the transmission of sexually transmitted infections, including HIV/AIDS.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Ensuring Access to
5 Contraceptives Act of 2006”.

1 **SEC. 2. FINDINGS AND PURPOSE.**

2 (a) FINDINGS.—Congress makes the following find-
3 ings:

4 (1) A deepening crisis in developing countries
5 with respect to the availability of contraceptives
6 needed for family planning, safe motherhood serv-
7 ices, HIV/AIDS prevention, and other vital repro-
8 ductive health care threatens the health and lives of
9 millions of people.

10 (2) In the next ten to fifteen years, the largest-
11 ever generation of young people will enter their re-
12 productive years. For example, the number of
13 women of reproductive age is projected to double in
14 Nigeria in the next 25 years. This demographic
15 shift, combined with increased demand for modern
16 methods of family planning, will increase worldwide
17 the number of people who desire to use contracep-
18 tion by 40 percent.

19 (3) The gap between the need for contracep-
20 tives and funding for such contraceptives is pro-
21 jected to reach hundreds of millions of United States
22 dollars annually by 2015.

23 (4) According to estimates based on national
24 surveys, more than 200 million women in developing
25 countries wish to delay or end childbearing but do
26 not have access to modern contraceptives.

1 (5) An estimated 40 percent of married couples
2 in Haiti, 36 percent of married couples in Ethiopia,
3 and 32 percent of married couples in Pakistan do
4 not have access to contraceptives. In each of these
5 countries, average birth rates among women are two
6 to three times average birth rates in the United
7 States.

8 (6) Access to family planning and contracep-
9 tives is essential in reducing unintended pregnancies
10 and, as a result, reducing rates of abortion.

11 (7) The provision of modern contraceptives to
12 the more than 200 million women in developing
13 countries who desire such contraceptives would avert
14 approximately 52 million pregnancies each year, and
15 as a result, would prevent an estimated 23 million
16 unplanned births, 22 million induced abortions, 7
17 million spontaneous abortions, 1.4 million infant
18 deaths, 142,000 pregnancy-related deaths, and
19 505,000 children from losing their mothers.

20 (8) In January 2001, the White House re-
21 affirmed President George W. Bush's commitment
22 to United States family planning assistance efforts,
23 stating that "[the President] knows that one of the
24 best ways to prevent abortion is by providing quality
25 voluntary family planning services".

1 (9) Experiences in a number of countries in re-
2 cent years indicate that when long-term, effective
3 family planning methods are available, abortion
4 rates decline, sometimes drastically. For example,
5 between 1988 and 2001, the use of modern contra-
6 ceptives increased in Russia by 74 percent, while the
7 abortion rate declined by 61 percent. Similar experi-
8 ences in Bangladesh, Bulgaria, Chile, Estonia, Hun-
9 gary, Latvia, and Romania have shown that in-
10 creased use of contraceptives is accompanied by a
11 decline in abortion rates.

12 (10) In addition to reducing unintended preg-
13 nancies and abortions, condoms are a vital compo-
14 nent in limiting the spread of HIV/AIDS. Con-
15 sequently, the HIV/AIDS pandemic is contributing
16 to an increased demand for reproductive health sup-
17 plies.

18 (11) The vast majority of HIV infections are
19 sexually transmitted and condoms are currently the
20 only contraceptive that can protect against this form
21 of HIV transmission. Condoms remain an important
22 intervention in multisectoral approaches to HIV/
23 AIDS prevention, along with programs that promote
24 abstinence and monogamy.

1 (12) In sub-Saharan Africa, where HIV preva-
2 lence rates can reach 40 percent of the adult popu-
3 lation and women constitute 60 percent of people liv-
4 ing with HIV/AIDS, donors provide an average of
5 only 4.6 condoms per adult male annually.

6 (13) Family planning services, reinforced by de-
7 pendable supplies of contraceptives, are also a cru-
8 cial tool in reducing HIV infections transmitted be-
9 tween infected pregnant women and their infants, a
10 number that reached 800,000 in 2002. The provi-
11 sion of family planning services, information, and
12 counseling can reduce the number of infants infected
13 with HIV by 35 to 45 percent.

14 (14) In addition to reducing rates of abortion
15 and HIV/AIDS, access to contraceptives and other
16 reproductive health care services saves the lives of
17 mothers and children by helping women avoid high
18 risk pregnancies. An increase in the use of contra-
19 ceptives, which allow women to space the births of
20 their children over safe intervals, have been proven
21 to reduce maternal and child mortality.

22 (15) Complications resulting from pregnancy
23 and childbirth are the leading causes of death and
24 disability for women in developing countries, result-
25 ing in more than 500,000 deaths each year. Almost

1 one-third of maternal deaths and illnesses related to
2 pregnancy could be avoided if women in developing
3 countries had access to modern, safe, and effective
4 contraceptives and other reproductive health care
5 services.

6 (16) Access to contraceptives and other repro-
7 ductive health care services are also needed to help
8 ease growing population pressures on cropland,
9 freshwater, and other finite natural resources. In
10 many biologically rich areas, there is little or no ac-
11 cess to the health services that allow women and
12 couples to space or limit births. Consequently, the
13 population in these ecologically sensitive areas is
14 growing nearly 40 percent faster than that of the
15 world as a whole.

16 (17) The shortfall in reproductive health care
17 services is chronic and growing. The cost of contra-
18 ceptives needed for family planning and HIV/AIDS
19 prevention in developing countries is projected to in-
20 crease from \$954 million in 2002 to \$1.8 billion in
21 2015. In spite of this upward trend in the cost of
22 contraceptives, donor support for contraceptives in
23 2002, \$197.5 million, was less than 20 percent of
24 current overall funding needs.

1 (18) The consequences of the shortfall in repro-
2 ductive health care services are devastating. For
3 every shortfall of \$1 million in funding for contra-
4 ceptives, an estimated 360,000 additional unin-
5 tended pregnancies, 150,000 additional induced
6 abortions, 800 additional maternal deaths, and
7 11,000 additional infant deaths occur.

8 (19) Although the United States should be com-
9 mended for its leadership role with respect to the
10 availability of reproductive health services in devel-
11 oping countries, United States support for such
12 services, including funding, has not kept pace with
13 the increase in demand for contraceptives, which has
14 resulted from the large number of youth entering re-
15 productive age and the HIV/AIDS pandemic. Since
16 1995, United States bilateral assistance for inter-
17 national family planning programs has decreased by
18 35 percent (adjusted for inflation) despite an in-
19 crease of more than 225 million women of reproduc-
20 tive age worldwide.

21 (20) In addition to the shortfall in funding by
22 the United States for reproductive health care serv-
23 ices, United States policy restrictions have reduced
24 donations of contraceptives for developing countries.

1 (21) Widely shared goals of reducing the need
2 for abortion and reducing the spread of HIV/AIDS
3 are unlikely to be achieved when United States-do-
4 nated contraceptives are subject to policy restric-
5 tions, such as the Mexico City Policy, that limit ac-
6 cess to such contraceptives.

7 (22) The Mexico City Policy, which was rein-
8 stated in 2001, limits access to contraceptives by
9 prohibiting United States family planning assistance
10 to foreign nongovernmental organizations that use
11 funding from any source to provide abortion serv-
12 ices, counseling, or referral or to lobby to make
13 abortion legal or more available in their own coun-
14 try.

15 (23) The Mexico City Policy has exacerbated
16 the existing shortage of contraceptives by ending
17 shipments of United States-donated contraceptives
18 to 16 developing countries in Africa, Asia, and the
19 Middle East and denying contraceptives to leading
20 family planning agencies in another 12 countries.

21 (24) As an example, the Mexico City Policy has
22 forced eight family planning clinics serving thou-
23 sands of poor women in Kenya to close. Con-
24 sequently, women's access to contraceptives,
25 gynecologic and obstetric care, screening, and treat-

1 ment for sexually transmitted infections, and vol-
2 untary counseling and testing for HIV/AIDS in
3 Kenya has been severely disrupted.

4 (b) PURPOSE.—The purpose of this Act is to author-
5 ize assistance to provide contraceptives in developing coun-
6 tries in order to prevent unintended pregnancies, abor-
7 tions, and the transmission of sexually transmitted infec-
8 tions, including HIV/AIDS.

9 **SEC. 3. ASSISTANCE TO PROVIDE CONTRACEPTIVES IN DE-**
10 **VELOPING COUNTRIES.**

11 Section 104 of Foreign Assistance Act of 1961 (22
12 U.S.C. 2151b) is amended—

13 (1) by redesignating subsection (g) as sub-
14 section (h); and

15 (2) by inserting after subsection (f) the fol-
16 lowing new subsection:

17 “(g) ASSISTANCE TO PROVIDE CONTRACEPTIVES IN
18 DEVELOPING COUNTRIES.—

19 “(1) ASSISTANCE.—The President, acting
20 through the Administrator of the United States
21 Agency for International Development, shall furnish
22 assistance to provide contraceptives in developing
23 countries in order to prevent unintended preg-
24 nancies, abortions, and the transmission of sexually
25 transmitted infections, including HIV/AIDS.

1 “(2) ELIGIBILITY OF NONGOVERNMENTAL OR-
2 GANIZATIONS.—Notwithstanding any other provision
3 of law, regulation, or policy, in determining eligi-
4 bility for assistance to provide contraceptives in de-
5 veloping countries under this subsection, a non-
6 governmental organization shall not be subject to re-
7 quirements relating to the use of non-United States
8 Government funds that are more restrictive than re-
9 quirements relating to the use of non-United States
10 Government funds that apply to foreign governments
11 with respect to eligibility for assistance under this
12 subsection.

13 “(3) AUTHORIZATION OF APPROPRIATIONS.—

14 “(A) IN GENERAL.—There are authorized
15 to be appropriated to the President to carry out
16 this subsection \$150,000,000 for each of the
17 fiscal years 2007 and 2008.

18 “(B) ADDITIONAL AUTHORITIES.—
19 Amounts appropriated pursuant to the author-
20 ization of appropriations under subparagraph
21 (A)—

22 “(i) may be referred to as the ‘Repro-
23 ductive Health Supplies Fund’;

24 “(ii) are authorized to remain avail-
25 able until expended; and

1 “(iii) are in addition to amounts oth-
2 erwise available for such purposes.”.

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